

## **Application Data Sheet**

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: MULTI-STATION SHUTTLE BLOW MOLDING  
MACHINE

Attorney Docket Number:: P3010-1 R&B

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 6

Small Entity:: No

Latin Name::

Variety denomination name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Secrecy Order in Parent Appl.?::

### **Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

CONFIDENTIAL

Given Name:: David  
Middle Name:: M.  
Family Name:: Johnson  
Name Suffix::  
City of Residence:: Saline  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of mailing address:: 3440 Oak Park Drive

City of mailing address:: Saline  
State or Province of mailing address:: MI  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 48176

Applicant Authority type::  
Primary Citizenship Country::  
Status::  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::

City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

Applicant Authority type::  
Primary Citizenship Country::  
Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 29318

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address:

Postal or Zip Code of mailing address:

Phone Number::

Fax Number::

E-Mail address::

### **Representative Information**

Representative Customer Number:: 23399

Representative Designation::	Registration Number::	Representative Name::

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee Name:: R & B Machine Tool Company  
Street of mailing address:: 1605 East Woodland

City of mailing address:: Saline  
State or Province of mailing address:: MI  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 48176-0100